



# Aberdeen Municipal Court Case Records Request Form

(Pursuant to General Rule 31)

Name: (please PRINT) \_\_\_\_\_  
Agency or Company: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Day or Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Information Requested (provide as much detail as possible). If this information concerns a named individual, please give necessary identifying information (i.e., date of birth, driver's license number, most current address, etc.):

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What will the information be used for and to whom will it be disseminated?

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- This is a request to inspect the records identified above at the courthouse (No charge).
- This is a request for copies of the records identified above (See Fee schedule below).

Date information needed: \_\_\_\_\_ (Receipt of request will be acknowledged in 5 business days.)

I, the undersigned:

- Agree to use and distribute the information only as provided in the above-referenced statement of intended use and not to use for commercial purposes;
- Agree to take reasonable precautions to prevent disclosure of information beyond the above-referenced statement of intended use;
- Agree to pay the cost upon fulfillment of the request (\$ .50 per page, \$5 first page certified-\$1 per additional page, \$10 per tape or CD);
- Understand that neither the court nor the court staff makes any representation as to the accuracy and completeness of the data except for court purposes;
- Agree to hold harmless the court and court staff from any damages arising from applicant's use and distribution of the information; and
- Certify, under penalty of law, that all the information supplied above is true and a complete description.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

Please submit this form and any questions to Aberdeen Municipal Court's Public Records Officer:

Tammy Sund  
Court Administrator/Public Records Officer  
Aberdeen Municipal Court  
210 E. Market Street  
Aberdeen, WA 98520  
(360) 533-5411 (Phone)  
(360) 537-3247 (Fax)  
[Tammy.sund@mail.courts.wa.gov](mailto:Tammy.sund@mail.courts.wa.gov)

**For Office Use Only:**

Request Received: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

By: \_\_\_\_\_